



Please place a plus sign (+) inside this box → ☐

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

| | |
|------------------------|---|
| Application Number | 09/437,006 |
| Filing Date | 11/09/1999 |
| First Named Inventor | Tammy Zheng |
| Title | Etching Process that Resists Notching at Electrode Bottom |
| Group Art Unit | 1765 |
| Examiner Name | C. Brown |
| Attorney Docket Number | PHA 51219 |

I hereby appoint:

☐ Practitioners at Customer Number

OR

☒ Practitioner(s) named below:

Place Customer
Number Bar Code
Label here

| Name | Registration Number |
|---------------------|---|
| Peter S. Zawilski | 43,305 |
| Harold Tsiang | 35,721 |
| Gwenaelle Le Pennec | Limited Recognition under 37 CFR 10.9 (b) |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer Number

OR

Place Customer
Number Bar Code
Label here

☒ Firm or
Individual Name

Corporate Patent Counsel

Address

Philips Electronics North America Corporation

Address

580 White Plains Road

City

Tarrytown

State

NY

Zip

10591

Country

United States of America

Telephone

(408) 617-4832

Fax

(408) 617-4856

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

| | |
|-----------|--------------------|
| Name | Michael E. Schmitt |
| Signature | |
| Date | 2/22/02 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 1 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

RECEIVED
MAR 05 2002
TC 1700



FEB 25 2002

Please type a plus sign (+) inside this box → ☐

PTO/SB/82 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

| | |
|------------------------|-------------|
| Application Number | 09/437,006 |
| Filing Date | 11/09/1999 |
| First Named Inventor | Tammy Zheng |
| Group Art Unit | 1765 |
| Examiner Name | C. Brown |
| Attorney Docket Number | PHA 51219 |

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

☒ A Power of Attorney or Authorization of Agent is submitted herewith.

OR

☐ Please change the correspondence address for the above-identified application to:

☐ Customer Number



Place Customer
Number Bar Code
Label here

OR

| | | | | | |
|--|---|-------|----------------|-----|-------|
| <input type="checkbox"/> Firm or Individual Name | Corporate Patent Counsel | | | | |
| Address | Philips Electronics North America Corporation | | | | |
| Address | 580 White Plains Road | | | | |
| City | Tarrytown | | | | |
| Country | United States of America | State | NY | ZIP | 10591 |
| Telephone | (408) 617-4832 | Fax | (408) 617-4856 | | |

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

| | |
|-----------|--------------------|
| Name | Michael E. Schmitt |
| Signature | |
| Date | 2/22/02 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of 1 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

RECEIVED
MAR 05 2002
TC 1700